

CAP-MR/DD Service Definition

Title: Specialized Consultative Services

Service Definition:

Specialized Consultative Services provides expertise, training, and technical assistance in a specialty area (therapeutic recreation, speech therapy, occupational therapy, physical therapy, or nutrition) to assist family members, caregivers, and other direct service employees in supporting individuals with developmental disabilities who have long term habilitative treatment needs. Under this model, family members and other paid/unpaid caregivers are trained by a licensed professional to carry out therapeutic interventions, which will provide consistency and increase the effectiveness of the specialized therapy. This service is also utilized to cover the cost of specialists identified as an integral part of the treatment team to participate in team meetings and provide additional intensive consultation and support for individuals whose medical and/or behavioral psychiatric needs are considered to be extreme or complex. The need for Specialized Consultative Services must be clearly reflected on the individual's person centered plan.

The activities below are *not* covered under the State Medicaid Plan but are covered under Specialized Consultative Services. These Activities take place with and without the person being present. These activities will be observed on at least a quarterly basis:

- Observing the individual prior to the development/revision of the person centered plan to assess and determine treatment needs and the effectiveness of current interventions/support techniques.
- Constructing a written person centered plan to clearly delineate the interventions and activities to be carried out by family members, caregivers, and program staff. The person centered plan details strategies, responsibilities, and expected outcomes.
- Training relevant persons to implement the specific interventions/supports/techniques delineated in the person centered plan and to observe the person, to record data, and to monitor implementation of therapeutic interventions/support strategies.
- Reviewing documentation and evaluating the activities conducted by the family members, caregivers, or program staff as delineated in the person centered plan with revision of that Plan as needed to assure continued relevance and progress toward achievement of outcomes.
- Training and technical assistance to family members, caregivers, and other individuals primarily responsible for carrying out the person's Person centered plan on the specific interventions/activities, delineated in the Person centered plan, outcomes expected and review procedures.

Service Limitation:

- This service may not duplicate services provided to family members through Behavior Consultant, Individual/Caregiver Support Training and Education; and
- The total cost reimbursable under the waiver will not exceed \$1500 per person per waiver year

Staff Qualifications:

Staff must have appropriate education and licensure as required

Documentation:

Services will be documented by a service note. Service notes shall include, but not be limited to, the following:

- full date the service provided (month/day/year);
- duration of service for periodic and day/night services;
- purpose of the contact as it relates to a goal in the service plan;
- description of the intervention/activity;
- assessment of consumer's progress toward goals;
- for professionals, signature and credentials, degree, or licensure of the clinician who provided the service;
- and, for paraprofessionals, signature and position of the individual who provided the service

A service note that reflects the elements noted above shall be documented at least daily per service by the individual who provided the service.

The completion of a service note to reflect services provided shall be documented within 24 working hours.

Provider Qualifications:

Specialized Consultation Services must be delivered by practitioners employed by mental health, developmental disabilities or substance abuse provider organizations that:

- meet the provider qualification policies, procedures, and standards established by the Division of Medical Assistance (DMA);
- meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS); and
- fulfill the requirements of 10A NCAC 27G.

These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being endorsed by the Local Management Entity (LME). Additionally, within one year of waiver implementation or enrollment as a provider, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. The organization must be established as a legally constituted entity capable of meeting all of the requirements of the Provider Endorsement, Medicaid Enrollment Agreement, Medicaid Bulletins, and service implementation standards

The provider organization is identified in the Person Centered Plan. For Medicaid services, the organization is responsible for obtaining authorization from Medicaid's approved vendor for medically necessary services identified in the Person Centered Plan. For State-funded services, the organization is responsible for obtaining authorization from the Local Management Entity. The provider organization must comply with all applicable federal, state, and DHHS requirements. This includes, but is not limited to, DHHS Statutes, Rule, Policy, Implementation Updates, Medicaid Bulletins, and other published instruction.

State entities may provide service upon approval of the LME.